

Case Number:	CM14-0068126		
Date Assigned:	07/14/2014	Date of Injury:	01/17/1996
Decision Date:	10/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 41 year-old female was reportedly injured on 1/17/1996. The most recent progress note, dated 4/4/2014, indicates that there are ongoing complaints of low back pain and right leg pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation at the L4-L5 facets. Forward flexion and so the floor 8 inches, extension 30, positive Faber test bilaterally. Positive straight leg raise on the right. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for physical therapy of the low back and right leg #12 sessions and was not certified in the pre-authorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 physical therapy visits to the low back and right leg sciatica: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. In the absence of clinical documentation to support excessive/additional visits, this request is not considered medically necessary.